

W10000070687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

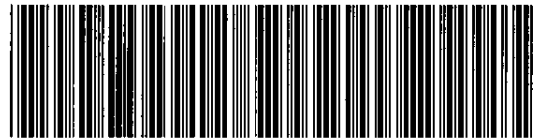
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change
of
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FILED
10 NOV -8 AM 11:55
SEC. OF STATE
TALLAHASSEE, FLORIDA

10/15/10--01005--003 **25.00

N. CAUSSEAU

NOV 19 2010

EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SJYSLY LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stanley J Yucha

Name of Person

SJYSLY LLC

Firm/Company

20 Indian Bayou Drive

Address

Destin, FL 32541

City/State and Zip Code

sjysly.llc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stanley yucha

Name of Person

at (850)

797-2919

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2010

STANLEY J YUCHA
20 INDIAN BAYOU DRIVE
DESTIN, FL 32541

SUBJECT: SJYSLY LLC
Ref. Number: L10000070687

We have received your document for SJYSLY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 310A00024556

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SJYSLY LLC

2. (a) Principal office address of limited liability company: _____

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(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: _____

☒

(Note: **MAY BE POST OFFICE BOX**)

20 Indian Bayou Drive

Destin, FL 32541

07-02-2010

3. Date of filing/registration in Florida

L10000070687

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Vicky A Baldwin

Registered Office Address:

4458 Kingslynn Road

Niceville, FL 32578

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Stanley J Yucha

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

20 Indian Bayou Drive

Destin, FL 32541

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Stanley J Yucha

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00